

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/544/00

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8	1					
9	1					
10		2				
11		2				
12		1				
13		1				
14		1				
15	1					
16		1				
17		2				
18		2				
19	1					
20		1				
21		5				
22		2				
23		2				
24		2				
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50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	46	←		←		←
TOTAL CLAIMS	51					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						